Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Chris West for Congress, Inc. 165 Big Star Drive ADDRESS (number and street) (Check if address is changed) Thomasville 31757 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS chriswestforcongress@rtastrategy.com (Check if address is changed) Optional Second E-Mail Address sgalawyer@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://chriswestga.com (Check if address is changed) DATE 2022 C00796524 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Boles, Jason, D,, Type or Print Name of Treasurer Boles, Jason, D,, [Electronically Filed] 08 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate West, Christopher Chris, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State GA District 02
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	anization
	Membership Organization Trade Association Cooperation	/e
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

I	FEC Form 1	I (Revised 0	2/2009)	Page 3
٧	Vrite or Type Comm	nittee Name		
	Chris We	est for	Congress, Inc.	
6.			ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
	WEST, CHR	KISTOPH	ER CHRIS, , ,	
	Mailing Address		503 HABERSHAM ROAD	
			THOMASVILLE GA 31792	
			THOMASVILLE GA 31792	
			CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
	Custodian of Day	a a vala v lala miti	in his name address (whose assumbly and assisting of the assumption of	ion of committee
7.	books and record		fy by name, address (phone number optional) and position of the person in possessi	on or committee
		West, Jenny	4	
	Full Name		,,, 	
	Mailing Address		P.O. Box 7114	
	Mailing Address			
			Thomasville GA 31758	
			CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	▼		
	Custodian of Reco	ords		873 _ 0687
			Telephone number	
8.	Treasurer: List th	ne name and	address (phone number optional) of the treasurer of the committee; and the na	ume and address of
0.			ssistant treasurer).	ine and address of
	Full Name	Boles, Jaso	n, D, ,	
	of Treasurer			
	Mailing Address		PO Box 1483	
	C			
			Description CA 99977	
			Roswell GA 30077	
			CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	7		
	Treasurer		Telephone number	330 - 6185

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Full Name of Designated Agent	Thompson, Rick, , ,	1 1 1 1 1 1 1 1	
Mailing Address	PO Box 1483		
	Roswell	GA L	30077
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu	rer	one number	
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the cixes or maintains funds.	ommittee deposits fund	ds, holds accounts, rents
Name of Bank, I	Depository, etc.		
	Ameris Bank		
Mailing Address	14977 US Hwy 19 South		
	Thomasville	∟ GA L	31792
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository, etc.		
	ServisFirst Bank	<u> </u>	
Mailing Address	300 Galleria Parkway SE		
	Suite 100		
	Atlanta	GA [30339
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) c	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	TAKE BACK GA-0	02 REPUBLICAN NOMINEE FUND 20	022	
	Mailing Address	PO BOX 30844		
		1		
		BETHESDA	MD	20824
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	- undraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma	CITY CITY Tele	STATE ▲	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisii	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
TAKE BACK THE	E HOUSE 2022		
	_I PO BOX 30844		
Mailing Address			
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Spo
		oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif		oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif		oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif		oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif	fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional)		
Designated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification of the Position of the Positi	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification of the Position of the Positi	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite cafety deposit boxes or more panels. Wells	cories: List all banks or other depositories in whice aintains funds. Fargo Bank	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	cories: List all banks or other depositories in whice aintains funds. Fargo Bank	STATE A Telephone Number	ZIP CODE A